



**KNOWLEDGE ATTITUDE AND PRACTICES REGARDING FAMILY PLANNING
METHODS IN A RURAL AREA IN THRISSUR DISTRICT KERALA, INDIA**

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ABSTRACT

Introduction: Family planning becomes essential in the family setup of a country as it helps to reduce the fertility and thereby aids the proper distribution of available socioeconomic resources. Any policies in this front however are thwarted by the general unawareness, misconceptions and the general inconveniences associated with each method that exists in that particular society. **Objectives:** To assess knowledge attitude and practices regarding family planning practices in a rural area of Thrissur District, Kerala, India. **Methods:** Knowledge, attitude and practices (KAP) study was undertaken in a rural village of Thrissur District Kerala and 500 eligible couples were selected through house to house survey. One member of each couple was interviewed using a structured questionnaire over a period of six months. **Results:** Out of the 500 couples 489 (97%) were found to be aware of the family planning methods available and 357 (71%) of them were using one of the methods. It was also found that awareness about sterilization methods was 495 (99%) and least about the natural method of contraception ie withdrawal 4 (0. 008%). Most of the couples 465 (93%) received information from authentic sources like healthcare workers. **Conclusion:** It was found that the study population had adequate awareness about the various contraceptive methods available and the information regarding these was from authentic sources. But the numbers of couple who practiced these methods were less. **Recommendations:** More people need to be encouraged to use different methods of family planning and education has to be given regarding the importance and need to use them. Awareness has to be increased about the natural methods of contraception since they do not have side effects.

KEYWORDS: Family planning, Knowledge Attitude and Practices, Sterilization, oral contraceptives.

BACKGROUND

Rapid increase in a country's population is detrimental factor in its economy on large scale as well as the health of the family on small scale. High parity is often associated with physical and mental health problems both in the mother and the child. Infant, perinatal and maternal mortalities are often attributed to repeated deliveries, which takes place due to inadequate spacing of pregnancies.^[1] Realizing the challenges due to population explosion, the government of India decided on a nationwide family planning program which was a unique move and one of its kind during the era of 1950s. With the advent of new interventions made in the field of clinical practice, the use of natural and traditional family planning methods have come to a halt, which was initially considered important. The program was renamed in 1977 as Family Welfare Programme. Despite of

nationwide efforts in field of family planning there hasn't been much success as was expected.^[2] One of reasons being, the gap that exists between the knowledge and practice of these methods at the ground route level (unmet need).^[3] The success of family planning methods which are being employed can be evaluated by means of assessment of knowledge, attitude and practices among the people, as suggested by WHO experts in 1975.^[4]

In Kerala the decadal growth rate of Kerala's population is estimated at 4.9 per cent, the lowest among Indian states, whereas the national growth rate of population during the last ten years is 17.6 percent. The population growth trend indicates that Kerala is moving towards zero population growth or even a negative population growth is expected. Despite this, as per 2011 census, the density of population in Kerala is 860 persons/sq.km. It

is much higher than the national level of 382.^[5] This present study helps to evaluate the apprehensions concerning Kerala with its extremely high density of population which could be useful tool for the economy and social setup. This study could help unlock the secret behind Kerala's success in implementing the family welfare programme which has resulted in great reduction in the population growth rate. The study therefore intends to assess the knowledge, attitude and practices regarding family planning methods in a rural area of Thrissur district, Kerala.

MATERIALS AND METHODS

A descriptive cross sectional study was conducted from a Panchayath which was randomly selected from Thrissur district, Kerala. House to house survey was done in the study area and 500 eligible couples were selected. In the study, eligible couple is defined as currently married

couple where female is of the reproductive age group 18-49 years.^[6] The data was collected using an interview schedule, from the female partner, a written consent was obtained prior to the interview. KAP (Knowledge attitude and practice) structured, standardized questionnaire for family planning was used to obtain relevant information during the study period, 2013-2014. The questionnaire consisted of four domains – socio-demography, knowledge, attitude and practice. The couples who could not be contacted for more than three consecutive visits were excluded from the study.

RESULTS

Total of 500 couples were selected of which 462 (92.4%) houses had only one couple, while 38 (7.6%) houses had two eligible couples staying together. Table 1 gives the socio demographic details of the study population.

Table 1: Socio demographic details of the study population (N=500).

Sl. No	Variable	Frequency	Percentage	
1	AGE (in years)	18 - 25	98	19.6
		26 – 35	193	38.6
		>35	209	41.8
2	EDUCATIONAL STATUS	Secondary	334	66.8
		Senior secondary	47	9.4
		Degree/ Diploma	103	20.6
		Postgraduate	16	3.2

In case of income 360 (72.0%) was found to be above poverty line while only 140 (28.0%) was found to be below poverty line.

Knowledge regarding family planning practices

Of the total 500 families, only (2.0%) were unaware of the concept of family planning, which comes to around

10 couples. Among the 490 (98.0%) who were aware about family planning methods, there were differences in the awareness about each method. The awareness regarding family planning methods in study population has been depicted in table 2.

Table 2: Awareness regarding family planning methods in study population. (N=500)

Sl.no	Family planning methods	Yes N (%)	No N (%)
1	Oral pills	214 (42.8)	286(57.2)
2	Intra-uterine devices	255 (51.0)	245 (49.0)
3	Condoms	180 (36.0)	320 (64.0)
4	Periodic abstinence	108 (21.6)	392 (78.4)
5	Withdrawal	4(0.8)	496 (99.2)
6	Sterilization	459 (91.8)	41 (8.2)

Most of the people received the information regarding the various methods through health care workers 460 (92.0%) and newspapers 399 (79.8%), while only 39 (7.8%) depended on unofficial sources like friends and family. On the other hand 496 (99.0%) were aware about the various facilities available in the primary health centers and government facilities. When it comes to awareness regarding side effects 468 (93.6%) of the study population seemed well informed.

Attitude regarding family planning practices

The majority of families 485 (98.9%) was in favor of acceptance of family planning methods while 5 (1.1%) couples disagreed. The most preferred family planning method was postpartum sterilization in females. Table-3 shows attitude of the study population towards various family planning methods.

Table 3: Attitude towards various family planning methods. (N=490)

Sl.no	Family planning methods	Acceptability
1	Periodic abstinence	16(3.2%)
2	Condoms	14(2.8%)
3	Oral contraceptive pills	10(2.0%)
4	Intrauterine devices	66(13.2%)
5	Postpartum sterilization	424(94.8%)

Practice regarding family planning practices

Of the 490 couples 341 (69.5%) eligible couples have currently adopted family planning methods, while 149 (30.5%) have not resorted to any family planning methods. The families who have taken up vasectomy, withdrawal and oral contraceptive pills as methods of family planning was categorized as others and

constituted only 3 (0.8%) of the 341 eligible couples. Family planning methods were mostly supplied by private and governmental institutions, of which private institutions contributed to 185 (52.8%) of the services. Table 4 depicts family planning methods currently adopted in study population.

Table 4: Family planning methods currently adopted in study population. (N=341)

Sl.no	Variable	Frequency
1	Postpartum sterilization	308 (90.4%)
2	Intra uterine devices	15(4.4%)
3	Periodic abstinence	9(2.6%)
4	Condoms	6(1.8%)
5	Others	3(0.8%)

DISCUSSION

In our study population it was found that the awareness about family planning practices was 98.0 %. The reason for high levels of awareness among people of a rural village could be attributed to the high literacy rate among people, and also the wider coverage by the health care workers. In a similar study done in Haryana, the participants were aware of at least one family planning method, the method which was found to have more awareness was oral contraceptive pills (97.7%) and the least awareness was observed for traditional methods (30.5%). The awareness source for family planning methods were mainly doctors, multipurpose health worker and anganwadi workers,^[11] while comparing with our study the most common source of information was health care workers 92.0%. The service providers of family planning methods mostly consisted of private, which showed similar trends in study done in Thrissur.^[8]

With regard to attitude of family planning methods, our study showed acceptance rate of 98.9%. The most widely accepted method for family planning in the study population was sterilization, which reflects the insecurities felt towards other modern methods of family planning. In a study conducted in Cambodia, the respondents (52.8%) said that they considered family planning for the health of the mother and their children and 35% said that women should be aware about family planning as it is a specific issue for women's health, which specified their attitude towards family planning measures,^[12] The study which was done in Kanpur, showed attitude of study population with regard to reasons adopted for family planning methods, 71.22% respondent thought that contraceptives were used to prevent pregnancy and about 31.21% thought that they could be used to prevent infections like AIDS(Acquired

Immuno Deficiency Syndrome).^[13] In our study the attitude towards acceptability of different family planning methods were assessed which was found similar to study done in Lucknow.^[7]

Regarding practices of family planning methods it was found that most of the people had resorted to permanent methods of contraception, like female sterilization over the temporary methods like condoms and intra uterine devices. The use of other temporary methods like condoms was only 1.7% when compared to study conducted in Uttar Pradesh where the usage was 65% and that of oral contraceptive pills was 31%.^[9] In a study conducted at Manipur, the use of condoms was only 2%.^[10] The practice of family planning methods such as vasectomy, oral contraceptive pills and withdrawal methods contributed only 0.08% of family planning methods adopted in the current study. When compared to similar study in Thrissur which showed the use of above mentioned family planning methods to be negligible.^[8] The inconvenience of some of these methods was pointed out as one of the reason for not practicing them despite awareness. The unmet need of family planning was reported by only one couple, which is an added credit to the work of the health care personnel.

CONCLUSION

It was observed that the knowledge and attitude of the people towards contraception was good in the study population. Higher percentages of awareness regarding family planning do not warrant equal grades of practice. Despite of good literacy rate in the study population there seemed a disparity in the practice of various methods. The study conveyed the role played by health care workers in the study population to be satisfactory with regard to family planning and its implementation. In

spite of the availability of various methods of temporary contraception, tubal ligation still persists to be the most preferred method, which indirectly reflects the insecurities the couples feel towards other methods.

RECOMMENDATION

Awareness and assurance should be given regarding the modern methods of family planning. More work needs to be done, especially to understand the various factors influencing couples to make their choice regarding family planning. Modifications in the family welfare schemes can be done after proper assessment of needs and requirements of the community. The usage of the temporary methods, especially to space the progeny needs to be encouraged and promoted. Introduction of different modes of interventions can be adopted as method to understand the disparity between knowledge and practices of family planning methods.

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